

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 2825

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EMILY's List**

Full Name (Last, First, Middle Initial)

**A. Ms. M. Deborah Corley**

Mailing Address 27311 Road U.2

City State Zip Code  
Dolores CO 81323

FEC ID number of contributing federal political committee.

C

Name of Employer

Sante Center For Healing

Occupation

Owner/Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 14 2015

Transaction ID : 4428850

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. John R Klai , II**

Mailing Address 7 Sable Ridge Court

City State Zip Code  
Las Vegas NV 89135

FEC ID number of contributing federal political committee.

C

Name of Employer

Klai Juba Wald Architects

Occupation

Owner/Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 14 2015

Transaction ID : 4428851

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. John R Klai , II**

Mailing Address 7 Sable Ridge Court

City State Zip Code  
Las Vegas NV 89135

FEC ID number of contributing federal political committee.

C

Name of Employer

Klai Juba Wald Architects

Occupation

Owner/Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 06 2015

Transaction ID : 4424500

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►